

Inside file in blue slip area)

2220 INTERNAL TRANSFER REQUEST FOR S.N.

09/931288

DATE: <u>1-05-02</u>	FROM: <u>BENNY Q. TIEU</u> (print name)
FORWARD TO: A. Art Unit: <u>2661</u> B. Class: <u>370</u> C Subclass: _____	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):  <input type="checkbox"/> (check box) <input type="checkbox"/> (check box) <input type="checkbox"/> (check box) <input checked="" type="checkbox"/> (check box)

**FURTHER EXPLANATION IF NEEDED:**

## Internet Case

DATE: _____	FROM: _____ (print name)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	<p><b>REASON(S):</b></p> <p>A. You had Parent B. See Title C. See Abstract D. See Claim(s): _____</p> <div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 20px;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> <div style="flex: 1;"> <small>(check box)</small>  <small>(check box)</small>  <small>(check box)</small> </div> </div>

**FURTHER EXPLANATION IF NEEDED:**

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	<p><b>REASON(S):</b></p> <p>A. You had Parent        B. See Title        C. See Abstract        D. See Claim(s): _____</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div> <div style="flex: 1; text-align: right;"> <small>(check box)</small>  <small>(check box)</small>  <small>(check box)</small> </div> </div>

**FURTHER EXPLANATION IF NEEDED:**

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/>
B. Class: _____	B. See Title <input type="checkbox"/>
C Subclass: _____	C. See Abstract <input type="checkbox"/>
	D. See Claim(s): _____

**FURTHER EXPLANATION IF NEEDED:**